



(place patient label here)

Patient Name: \_\_\_\_\_

<b>Drug Allergies-On admit and status change -</b>		
<b>DATE</b>	<b>TIME</b>	<b>Restraint or Seclusion Order</b> <span style="float: right;"><b>12/18/2018</b></span>
Assessment 1. Physical Assessment: Is there any evidence of compromise with: <input type="checkbox"/> Yes <input type="checkbox"/> No Cardiovascular <input type="checkbox"/> Yes <input type="checkbox"/> No Hydration <input type="checkbox"/> Yes <input type="checkbox"/> No Sensory Deficit <input type="checkbox"/> Yes <input type="checkbox"/> No Respiratory <input type="checkbox"/> Yes <input type="checkbox"/> No Musculoskeletal <input type="checkbox"/> Yes <input type="checkbox"/> No Mobility deficit <input type="checkbox"/> Yes <input type="checkbox"/> No Skin Integrity (sign of injury – bruise, laceration)		
2. The Benefits of restraint/seclusion outweighs the risk <b>Restraint Orders (MD, LIP)- PLEASE COMPLETE ALL APPROPRIATE BOXES BELOW:</b> <input type="checkbox"/> Initial Order <input type="checkbox"/> Renewal for continuation of Restraints (See below for timeframes)		
Provider in consultation with attending physician; must do a face-to-face assessment within 1 hour of initiation of violent/seclusion restraints Face-to-face assessment must be completed every 24 hours to renew orders for <b>ALL</b> restraint use		
<b>Type of Behavior: Select only one behavior type (Non-Violent, Violent or Violent/Seclusion)</b>		
<input type="checkbox"/> <b>Non- Violent Restraint</b> Initial Order A new order is required with each change in restraint device or patient condition or face-to-face every 24 hours	<input type="checkbox"/> <b>Violent Restraint</b> Renewals must be within: ♦ 4 hours for patients ≥ 18 years old ♦ 2 hours patients 9-17 years old ♦ 1 hour for children < 9 years old (Face-to-face renewal every 24 hours)	<input type="checkbox"/> <b>Violent/Seclusion (ED &amp; BH ONLY)</b> Renewals must be within: ♦ 4 hours patients ≥ 18 years old ♦ 2 hours patients 9-17 years old ♦ 1 hour for children < 9 years old (Face-to-face renewal every 24 hours)
Reasons for Restraint: <b>Non-Violent</b> <input type="checkbox"/> Attempting to Get Up/Unsafe Ambulation <input type="checkbox"/> Pulling at lines <input type="checkbox"/> Pulling at tubes <input type="checkbox"/> Removal of equipment <input type="checkbox"/> Removal of dressing	Reasons for Restraint: <b>Violent</b> <input type="checkbox"/> Imminent Risk of Self Harm <input type="checkbox"/> Imminent Risk of Self Harm to Others	Reason for Restraint: <b>Violent/Seclusion</b> <input type="checkbox"/> Imminent Risk of Self Harm <input type="checkbox"/> Imminent Risk of Self Harm to Others
<b>Type of restraint: Select only devices required to manage current status restraint episode.</b>		
<b>NON-VIOLENT:</b> <input type="checkbox"/> Mitt <input type="checkbox"/> Soft Belt <input type="checkbox"/> Vest <input type="checkbox"/> Geri chair when up <input type="checkbox"/> Enclosure Bed <input type="checkbox"/> 2-point Soft Extremity <input type="checkbox"/> 4-point Soft Extremity <input type="checkbox"/> Side Rails Full Length (see policy) <input type="checkbox"/> No-No's	<b>VIOLENT:</b> <input type="checkbox"/> 2-point Neo Extremity <input type="checkbox"/> 4-point Neo Extremity <input type="checkbox"/> Chemical Restraint <input type="checkbox"/> Physically Restrained <input type="checkbox"/> Seclusion	
❖ A new order is required for any change in restraint status ❖ <b>Telephone Order (RN)</b> _____ <b>Date</b> _____ <b>Time:</b> _____  <b>Signature (MD)</b> _____ <b>Date</b> _____ <b>Time:</b> ____		

Please date and time all orders. Please print name or 3-digit identifier next to signature, if not legible.